

Commonwealth of Pennsylvania

FIREARM RELEASE REQUEST

A. REQUESTOR INFORMATION					
Last Name		First Name		Middle Initial	Suffix
Address			City	State	Zip Code
Date of Birth (MM/DD/YYYY)	Social Security Number (Optional)		Race	Sex	Driver License Number
Home Phone Number (Include Area Code)		Mobile Phone Number (Include Area Code)		E-mail Address	
B. ACKNOWLEDGMENT OF RETURN (Sign in the presence of Law Enforcement Officer/Designee)					
<p>By signing below, I am confirming that I am taking possession of the firearm(s), other weapon(s), and/or ammunition referenced in the above Protection Order Number and that they are in the same condition as when they were relinquished. I agree I will not hold the Department or Agency identified below liable for any damage or reduction in value of the firearm(s), other weapon(s), or ammunition.</p> <p><i>I also certify that I am not prohibited by state or federal law from possessing of a firearm for any reason. I understand that no relinquished item will be returned to me unless I successfully pass a Pennsylvania State Police background check via the Pennsylvania Instant Check System (PICS).</i></p> <p>Requestor Signature _____ Date _____</p> <p>Returning Officer/Designee signs below:</p> <p>Officer/Designee Signature _____ Date _____</p>					
C. DEPARTMENT/AGENCY USE ONLY					
Department/Agency Name			Phone Number	ORI	
Street Address		City	State	Zip Code	
Processing Officer/Designee Name		Badge Number (If applicable)		Date	
Protection Order Number		Date Order Issued		Date Order Canceled/Expired	
Date Relinquished		Department/Agency Incident/Case Number		Defendant Otherwise Prohibited? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PICS Check Conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO		PICS Number		Firearms returned? If NO, explain in comments. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Receipt Provided? <input type="checkbox"/> YES <input type="checkbox"/> NO		Firearms Evidence in a Crime? <input type="checkbox"/> YES <input type="checkbox"/> NO		Partial Return? If YES, explain in comments. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Plaintiff Notified? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Plaintiff Notified		How Plaintiff Notified?	
Comments					